



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 1, 2019

Ms. Eileen Ogden, Manager  
The Bradley House  
65 Harris Avenue  
Brattleboro, VT 05301-2948

Dear Ms. Ogden:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 6, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 06/06/2019
NAME OF PROVIDER OR SUPPLIER  THE BRADLEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 65 HARRIS AVENUE BRATTLEBORO, VT 05301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments:  An unannounced complaint investigation was conducted by the Division of Licensing and Protection on 6/5/19 and completed on 6/6/19 to determine compliance with Residential Care Homes Licensing regulations. The following regulatory violations were identified:	R100			
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.  This REQUIREMENT is not met as evidenced by: Based on record review, the Registered Nurse failed to complete a significant change assessment for 1 of 2 applicable residents. (Resident #1) Findings include:  Per review of the "Resident Assessment" last completed on 3/26/19, it has been noted in both interview and record review, Resident #1 has demonstrated an acceleration of behaviors; noncompliance with accepting prescribed medication to include the administration of insulin and allowing staff to conduct blood glucose testing; increased attempts at elopement; now requires the use of antipsychotic medication; and at times is resistance to redirection and care from staff. This was noted during telephone interview on 6/6/19 at 1:35 PM with the newly designated	R136		Please see attached plans of correction.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

*[Signature]* RN Nurse  
Manager

RN

6/25/19

2SKD11

If continuation sheet 1 of 4

R136 - R222 POC's accepted 7/1/19 Fmcintosh RN/jmc

Division of Licensing and Protection

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R136	Continued From page 1  Director of the RCH.	R136		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the Registered Nurse failed to ensure that residents receiving 'as needed' (PRN) psychoactive medications had a written plan for delegated unlicensed staff to appropriately administer them for 1 applicable (Resident #1). Findings Include:  Per record review, Resident #1 has diagnoses that include dementia and is exhibits aggressive behavior toward staff; episodes of wandering and resistance with redirection and/or care; and frequent refusal of medications. The medication regime includes Haldol 1 mg. (antipsychotic)	R167		

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R167	Continued From page 2  twice daily and Haldol 1 mg every 4 hours PRN. There is no written plan in place for staff that includes the specific targeted behaviors, circumstances that indicate the use of the medication or educates staff about the desired effects and documents the reason for administration and specific results of the PRN medication use. Per interview on 6/5/19 at 3:45 PM, the RCH RN Manager confirmed the care plan reviewed was the most updated care plan, a behavioral plan for the use of PRN Haldol was not evident.	R167			
R222	VI. RESIDENTS' RIGHTS SS=D:  6.10 The resident's right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the RCH failed to assure that each resident's right to privacy is protected in regards to all personal information. The RCH failed to assure that personal information about a resident is not shared with anyone not directly involved in the resident's care for 1 applicable resident. (Resident #1) Findings include:	R222			

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R222	Continued From page 3  On the afternoon of 5/21/19 Resident #1 eloped from the facility. RCH staff alerted to the resident's exit from the facility called 911 for assistance and began to follow Resident #1 as s/he walked away from the RCH. As Resident #1 proceeded to approach a main intersection where heavier traffic often existed, a resident's family member was driving toward the RCH; recognized Resident #1 and observed staff following the resident. The family member, who was transporting his/her parent back to the RCH asked staff if s/he could offer Resident #1 a ride back to the RCH, which staff agreed was acceptable. Resident #1 recognized the family member and willingly accepted the ride. Per record review, an email was sent to the RCH Director on 4/22/19 by the family member acknowledging his/her involvement in the elopement incident. In addition, the family member also states in the email an awareness of a possible discharge plan for Resident #1 along with previous elopement incidents and hospitalization. Per interview on 6/5/19 at 3:50 PM both the RCH Director and the Nurse Manager confirmed information was apparently shared by unknown staff with a person who was not directly involved with the resident's care nor was it approved by Resident #1's Guardian to provide health information to unauthorized individuals.		R222		

## **Bradley House Response to DDAIL Investigation Report June 6, 2019**

The filling of this plan of correction does not constitute and admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.

**R136 SS=D**

### **5.7 Assessment**

Change Assessment was completed on 3/26/19 and included changes in behavior, wandering and elopement, physical aggressiveness, and refusal of medical treatment (insulin and blood sugar checks). A new Resident Assessment was not completed after resident #1 was started on antipsychotic medication.

**Correction:**

- Resident Assessments will be done upon admission, yearly and whenever a significant change is present.
- Resident #1 assessment updated.
- The assessment spreadsheet will be updated for all resident assessments with timelines.
- If a resident has a significant change a new assessment will be completed in 14 days.

**Monitoring:** Weekly clinical meetings will cover any changes in residents and whether a new assessment is needed.

**Completion:** Resident #1 assessment updated on 6/16/19. Weekly clinical meetings implemented 6/17/19. Assessment spreadsheet updated 6/24/19.

**R167 SS=D**

### **5.10 Medication Management**

Psychoactive Medication ordered with regular dosing and prn dosing. No written plan was in place for the use of the prn medication by the unlicensed delegated staff.

**Correction:**

- When psychoactive medications are ordered by a provider, the provider will be asked to list criteria for prn administration.
- When the medication arrives from the pharmacy the medication information sheet will be copied and placed in the MAR with side effects highlighted. A *Behavior Intervention Monthly Flow Sheet* will be added into the MAR for documentation. Documentation of prn psychoactive medication will also occur in the resident chart.

- The Medication Policy will be reviewed and updated for the administration of Psychoactive Medications. The amended Medication policy will be reviewed with nurses and med-tech staff with policy sign-off.

**Monitoring:** Random chart audits will be done by RN to monitor and ensure staff follow through with documentation on flow sheet.

**Completion:** Medication policy amended June 20, 2019. Policy review and sign-off by medication staff will be completed by July 10, 2019.

## 6.10 Resident's Rights

### R222 SS=D

Nature of incidental breach occurred when another resident's visiting family member (also Resident #1's Pastor) saw Resident #1 in dining room with admissions nurse from another facility. No breach occurred from Bradley House staff. Admission's nurse was at Bradley House assessing Resident #1 for possible transfer. Admission's nurse was talking with Resident #1 in the dining room (Resident #1 had been displaying aggressive behavior and nurse requested not to assess her in her room). The visitor was at Bradley House and saw the nurse from the outside facility and spoke with her. This same visitor had picked up Resident #1 during an elopement.

Correction:

- Bradley House called a mandatory staff meeting on June 13<sup>th</sup> for Staff HIPAA Compliance and Boundary training with Michael Kelliher, ESQ. certified HIPAA compliance officer.
- In the future if a resident is being evaluated the evaluator and resident will be offered a private setting.

**Monitoring:** Yearly HIPAA training and ongoing monitoring.

**Completion:** HIPAA training with staff was completed on June 13, 2019. Ongoing yearly training will occur.

Sincerely,

Eileen Ogden RN

Nurse Manager

 RN  
June 25, 2019